# A94600000521

| (Re                     | equestor's Name)    |           |
|-------------------------|---------------------|-----------|
| (Ac                     | ldress)             |           |
| (Ad                     | ldress)             | - "-      |
|                         | ty/State/Zip/Phone  | • #h      |
| (0)                     | .yrotatorzipri none | , "')     |
| PICK-UP                 | WAIT                | MAIL      |
| (Bu                     | siness Entity Nam   | ne)       |
|                         |                     |           |
| (Do                     | cument Number)      |           |
| Certified Copies        | _ Certificates      | of Status |
| Special Instructions to | Filing Officer:     |           |
|                         |                     |           |
|                         |                     |           |
|                         |                     |           |
|                         |                     |           |
|                         |                     |           |





500222795875

02/27/12--01015--016 \*\*52.50

2 MAR 12 PM 2: 37

DIAISION OF COMPANY SECRETARY, NEW STATE

MAR 1 3 2012 T. **HAMPTON** 

## **COVER LETTER**

| Division of Co                           |  |  |  |
|--|--|--|--|
| SUBJECT:                                 | 0  | mega 40 Limite                           | d  |
| Nan                                      | e of Florida Limited Pa                            | rtnership or Limited Lia                 | bility Limited Partnership   |
| The enclosed Certific                    | ate of Amendment a                                 | and fee(s) are submit                    | ted for filing.  |
| Please return all corre                  | spondence concerni                                 | ng this matter to:                       |  |
| Bradfo                                   | rd B. Gornto, Esqu                                 | uire                                     |  |
| _  | Contact Person                                     |  |  |
| Gor                                      | nto & Gornto, P.A                                  | •  |  |
|  | Firm/Company                                       |  |  |
| 444 Sea                                  | breeze Blvd., Suit                                 | e 200                                    |  |
|  | Address  |  |  |
|  | na Beach, FL 321                                   | 18                                       |  |
| Ci                                       | ty, State and Zip Code                             |  | •  |
|  | d@gorntolaw.com                                    |  |  |
| E-mail address: (to b                    | e used for future annual                           | report notification)                     |  |
| For further information                  | n concerning this m                                | atter, please call:                      | 1. 13.4  |
| Bradford B.                              | Gornto, Esq.                                       | at ( <u>386</u> )_                       | 257-1899   |
| Name of Contact                          | Person   | Area Code and                            | Daytime Telephone Number   |
| Enclosed is a check for                  | or the following amo                               | ount:                                    |  |
| \$52.50 Filing Fee                       | \$61.25 Filing Fee<br>and Certificate of<br>Status | \$105.00 Filing Fe<br>and Certified Copy | \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
| STREET ADDRESS                           | :  |  | G ADDRESS:   |
| Registration Section                     |  | _  | ion Section  |
| Division of Corporation Clifton Building | ons  | Division<br>P. O. Box                    | of Corporations  |
| 2661 Executive Cente                     | r Circle   |  | ee, FL 32314   |
| Tallahassee, FL 3230                     |  |  | ,  |



RECEIVED

12 MAR 12 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Division of Corporations

February 28, 2012

BRADFORD B GORNTO, ESQ GORNTO & GORNTO PA 444 SEABREEZE BLVD - STE 200 DAYTONA BEACH, FL 32118

SUBJECT: OMEGA 40 LIMITED Ref. Number: A96000000521

We have received your document for OMEGA 40 LIMITED and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 812A00008121

# GORNTO & GORNTO, P.A.

ATTORNEYS AT LAW
444 Seabreeze Boulevard, Suite 200
Daytona Beach, Florida 32118
EMAIL: Brad@gorntolaw.com

Telephone (386) 257-1899

Bradford B. Gornto
Master of Laws in Taxation

L. A. 'Gus' Gornto, Jr.

Board Certified Tax Lawyer Master of Laws in Taxation

Telecopier (386) 257-1833

March 9, 2012

Ms. Tammy Hampton Regulatory Specialist III Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Omega 40 Limited Ref. #A9600000521

Dear Ms. Hampton:

In accord with your letter dated February 28, 2012 (copy attached for convenient reference), enclosed please find the original and one copy of the Certificate of Amendment to Certificate of Limited Partnership of Omega 40 Limited (the "Certificate"), which has been signed by the new registered agent. Accordingly, please proceed with filing the Certificate at this time.

Thank you for your courtesies in this matter. If you have any questions or require additional information, please give me a call.

With kindest regards,

Bradford B. Gornto

BBG/jo Enclosures

# CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

|  |                        | 40 Limited<br>with Florida Depar  | tment of State                   |                         | _                  |
|--|------------------------|-----------------------------------|----------------------------------|-------------------------|--------------------|
| Pursuant to the provisions of section 620.1 limited liability limited partnership, whose March 19, 1996, assignment of the provisions of section 620.1 | e certific<br>ned Flor | ate was filed wit ida document nu | h the Florida D<br>mber <u>A</u> | Department of 960000005 | f State on         |
| adopts the following certificate of amenda   | nent to 1              | is certificate of li              | mited partners                   | hip.                    |                    |
| This amendment is submitted to amend the foll  | owing:                 |                                   |                                  |                         |                    |
| A. If amending name, enter the new name here:  | of the lii             | nited partnership                 | or limited liab                  | oility limited          | <u>partnershir</u> |
| New name must be di  | stinguisha             | ble and contain an a              | acceptable suffix.               | · · · · · · · · ·       |                    |
| Acceptable Limited Partnership suffixes: Limited l<br>Acceptable Limited Liability Limited Partnership s   |                        |                                   |                                  | L.L.L.P. or LL          | LP.                |
| B. If amending mailing address and/or principal office address here:   | princip                | al office address                 | s, <u>enter new m</u>            | iailing addr            | ess and/or         |
| New Principal Office Address (Must be STREET address)  | <u>'ss:</u>            |                                   |                                  |                         | <u>-</u>           |
| New Mailing Address: (May be post office box)  |                        |                                   |                                  |                         |                    |
| C. If amending the registered agent and/or new registered agent and/or the new register  |                        |                                   | on our record                    | s, <u>enter the</u> 1   | name of the        |
| Name of New Registered Agent:  | Elaine                 | Xynidis                           |                                  |                         | _ 8                |
| New Registered Office Address:   | 521 N                  | Halifax Avenue                    | е                                | Z FIA                   |                    |
|  |                        | Enter Flo                         | rida street addre                | ess =                   |                    |
|  |                        | Daytona Beach                     | , Florida _                      | 32118                   |                    |
|  |                        | City                              |                                  | Zip Code                | <b>9</b>           |

### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

If Changing Registered Agent Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

| <u>Title</u>  | Name                     | <u>Address</u>                                   | Type of Action   |
|---------------|--------------------------|--|--|
| <u>GP</u>     | Xynidis Enterprises, LLC | 521 N. Halifax Avenue<br>Daytona Beach, FL 32118 | Add Remove   |
| <u>GP</u>     | Steve Xynidis *Deceased  | 521 N. Halifax Avenue<br>Daytona Beach, FL 32118 | Add Remove   |
|               |                          |  | Add 12 Vising Removes 1320   |
| <del></del> . |                          |  | Add PP Communication of the co |
|               |                          |  | Add Remove   |
|               |                          |  | Add Remove   |
|               |                          |  |  |

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

|  | This Limited Partnership hereby | elects to be a " | Limited Liability | Limited Partnership.' | , |
|--|---------------------------------|------------------|-------------------|-----------------------|---|
|--|---------------------------------|------------------|-------------------|-----------------------|---|

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

| F. If amending any other information   | ı, enter change(s) he              | re: (Attach additional     | sheets, if necessary.)  |
|--|------------------------------------|----------------------------|---|
|  |                                    |                            |   |
|  |                                    |                            | · · ·   |
|  |                                    |                            |   |
| DCC  |                                    |                            |   |
| Effective date, if other than the date of fi (Effective date cannot be prior to nor more than State.)  | .ing:<br>90 days after the date th | iis document is filed by t | he Florida Department of  |
| Signature(s) of a general partner or all   | general partners*                  | <u>:</u>                   |   |
| (*NOTE: Only one current general partner is re-<br>removing a "limited liability limited partnership"<br>when adding or removing a "limited liability limited" | election statement. Ch             | apter 620, F.S., requires  |   |
|  |                                    |                            |   |
|  |                                    |                            |   |
|  |                                    |                            |   |
|  |                                    |                            |   |
| Signature(s) of all new or dissociating  | zeneral partner(s),                | if any:                    |   |
| Claine Xynides   |                                    |                            |   |
| Elaine Xynidis Manager of<br>Xynidis Enterprises, LLC  |                                    |                            |   |
|  |                                    |                            |   |
|  |                                    |                            | - Control and the control and |
| T  | •                                  |                            | SECRE<br>VISION<br>2 MAR  |
| Filing Fee: \$52.5 Certified Copy (optional): \$52.5   | 0                                  |                            | <b>- 2</b>  |
| Certificate of Status (optional): \$8.7  | 3                                  |                            | PH 2:   |